

THE CONCEPT OF MENTAL HEALTH¹

I. INTRODUCTION

It would perhaps be good to begin by briefly presenting the various ways in which mental health is defined, in order to ascertain whether and to what extent the phenomena so widespread today, such as increase in drug addiction, violence in big cities, serious instability of the family, loss of the meaning of sexuality, etc., are necessary consequences of post-modern culture, or are only the consequences of the way in which a sick society lives out its existence. The so-called post-modern culture stands alien to the inner lives of persons, and sets its goal in the faith that technology will ultimately solve all our anxieties and problems, and that life must become a permanent source of pleasure. An argument in favor of the former, that is, in favor of the hypothesis that ours is a society of fragile mental health, could be the manifest increase of conditions leading to depression and stress, such as the high level of efficiency required by the daily tasks, the merciless competition of professional life, the loneliness in which one must grow in the midst of the multitude. All of this has been documented by outstanding researchers and, furthermore, can be observed by anyone.

From an epidemiological perspective, it could be said that mental health focuses its interest on normal populations, and studies among them those groups at greater risk of becoming sick. Psychiatry, on the other hand, deals with sick individuals.

From a sociological point of view, one considers as mentally healthy those who do not show maladaptations in their habitual occupations, and do not constitute a source of discomfort for those around them. Mental diseases restrain the possibility of predicting social behavior, which is the essence of social life. In our opinion, such a point of view is limited by its exclusion of severe mental diseases like obsessive neuroses which only slightly – if at all – disturbs occupational efficiency.

The concept of “social competence” has also been considered a synonym of mental health. This concept designates the coincidence of what can be expected as appropriate performance for a person and his real

performance (Horwitz, 1991). This definition puts collective convenience above the individual.

It has also been said that mental health is a state of subjective well-being resulting from satisfactory psychosocial experiences (Horwitz, 1991). The problem with such a definition is, for example, that a servile person, praised by those before he bends, would be a model of mental health. Certainly nobody would agree with this.

There are other definitions of mental health, such as that of the International Preparatory Commission of the World Federation for Mental Health:

- a) mental health is the state that allows the optimal development of each individual in the physical, intellectual and affective order, to the extent that is compatible with the development of other individuals.
- b) It is a duty of society to allow its members to achieve that development, assuring, likewise, the development of society itself, within the tolerance due to other societies (Carstairs, 1978, pp. 7-8).

In our opinion, this definition is charged with subjective values. Thus, so called 'optimal development' would depend on what specific social groups evaluate as such.

A more accurate definition of mental health is the one proposed by Dr. Marie Jahoda:

- a) awareness and acceptance of a self and a sense of one's own personal identity; b) conscious acceptance of the development and modification of one's own personality; c) integration of one's personality and the subsequent acceptance and resistance of the tensions generated by affective overload; d) autonomy, that is, the ability to make one's own decisions; e) correct perception of reality, including the "objective" sensibility towards the feelings of others; f) control of one's personal environment including capability to love, to solve problems and to act efficiently (1958, p. 8).

Finally, mental health is also frequently seen as a communal or socio-cultural characteristic describing general communal features. Thus, the quality of a community's mental health is measured according to indirect indicators: the rate of violent or delinquent behavior, alcoholism, family disintegration, etc. The same could be applied to occupational groups by measuring the levels of absenteeism, the rate of accidents, the number of sick leaves, etc. Mental health is considered as one of the quality of life

indicators of a community and is part of the socio-economical development of societies (Horwitz, 1991).

In order to propose our own concept of mental health, we will sketch out in the following the common understanding of mental illness, since the way of delimiting it has naturally influenced the way in which mental health has been defined.

II. MENTAL ILLNESS: DIFFERENT MODELS

A. Biological Psychiatry

Many authors sustain the position that the method required to circumscribe mental diseases must be identical to the one utilized to circumscribe somatic diseases, that is, to investigate the physiopathological and biochemical alterations that give rise to symptoms and the clinical evolution of a specific pathological condition. Thus, symptoms are nothing but the perceptible manifestation of the disturbance of normal processes in the body, including possible genetic alterations. This concept of disease gave rise to the so-called biomedical model, and in psychiatry it is the basis of the present trend of biological psychiatry.

Nevertheless, daily experience shows something different. The concrete way in which symptoms appear and are experienced by patients, their tendency toward improvement or aggravation, and adherence to the doctor's advices, depend on other factors, such as the presence of a surrounding environment of love. Symptoms are also affected by whether the patient is in a hospital or at home, whether he is understood by the medical doctor and by other members of the medical staff, or whether familial, professional or economical problems of the moment are being taken into consideration. The classic example of the improvement or aggravation of diabetes caused by psychological factors suffices to demonstrate the point.

B. The Psychosocial Trend

The need to have in mind such factors which have become increasingly evident due to the growing depersonalization of medicine and physicians in the last decades, has turned the exclusively biomedical model of identification and treatment of illnesses necessary but not sufficient. This realization gave rise to the development of a psychosocial model for explaining the origin of mental disease. This model calls into question the possibility of identifying the origin of mental diseases from a mere biological-structural point of view. It rather places the origin of such diseases in factors arising from the dynamisms of the very society within which the individual lives.

A typical example of how this model operates is found in what happened with homosexuality. Until recently, homosexuality was clearly considered an abnormality. This notion has been discarded because contemporary society has decided that pleasure is its own justification. Therefore, it is said, as long as a homosexual finds in sex a pleasure equal to the one experienced by heterosexuals, there is no reason for considering him or her abnormal. For contemporary society, homosexual relations are perhaps only one of the many ways of experiencing sensual pleasure, and carry with them no implications about psychic health. Through such reasoning, egosintonic homosexuality has been removed from the new classifications of mental abnormalities, such as the DSM-III-R and DSM-IV (American Psychiatric Association, 1988, 1995). Here we can clearly see the way in which cultural and social influence, and especially the active pressure exercised by the groups concerned, can change central postulates which not so long ago pertained exclusively to the realm of mental health.

C. The Antipsychiatric Trend: Szasz's Ideas

The influence of social and cultural factors on the delimitation of the concept of mental health as proposed by the psychosocial model (evident for instance in the question of possible alterations of sexual tendencies) has been developed to its extreme by some anti-psychiatrists such as Laing (1980) and Cooper (1971, 1979) as well as by Thomas Szasz (1970). Szasz, for example, has interpreted the schizophrenia of Kraepelin (1970) and Bleuler (1924) as a mere invention that allows a prejudiced society to imprison intractable individuals who protest against

what they consider to be unjust. Szasz admits only slight differences between the affected language of a schizophrenic patient and the language of 'normal' persons. Proclaiming oneself to be Napoleon seems to him to be just as delirious as believing a piece of bread – the Host – to be the body of Christ. Nevertheless, the one is incarcerated as mentally sick and the other left in freedom and considered worthy of all respect. His book *Schizophrenia, the Sacred Symbol of Psychiatry* (1979) is full of similar examples, although in almost all of them there is a notable lack of clinical rigor, such as confusing a delirious apodictic idea, not based in any testimony, with a religious belief, based not in apodictic evidence but in faith.

Szasz accepts the fact that in many of the supposed schizophrenic patients one can speak of deviant behavior, but not of disease. According to him, one could not speak of disease without the actual appearance of somatic alteration. One could not rely simply on the fact that an alteration of this sort will appear in the future. With regard to neurosis, he affirms: "Freud invented neurosis in order to justify calling conversation and confession 'psychoanalysis', and in order to consider both as a form of medical therapy" (1979, p. 38).² In short, the social pressure to lock up individuals who are dangerous to society inadvertently led to Kraepelin's and Bleuler's invention of a nosological entity, presented as a discovery of medicine. Nevertheless, according to Szasz, this was nothing more than an articulation of a general desire to find a justifiable pretense for punishing and isolating individuals who disturb the social order. Logically, Szasz doubts that a society which is so contriving in its affirmation of the freedom of man can be considered mentally healthy.

Antipsychiatrists such as Laing and Cooper consider society in general to be abnormal. In their opinion, schizophrenic patients exaggerate this abnormality in order to redeem themselves. If society were mentally healthy, there would be no need for some persons to maximize such an abnormality, turning themselves into schizophrenics. In a certain sense, it is a necessary conclusion of these premises that in a mentally healthy society, schizophrenic psychosis would not exist.

D. The Anthropological-Phenomenological Trend

We must assert that the world of mental diseases was not constructed under the dominion either of the biomedical or of the psychosocial model. The former is reductionistic and ultimately seeks to reduce every disease

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